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ABSTRACT

A systematic desensitization therapy program to reduce anxiety in speakers has been developed and implemented at Michigan State University for those students in basic speech courses who have been identified by "The Personal Report of Communication Apprehension" (PRCA) as having severe speech anxiety and thus being in need of Systematic Desensitization (SD) training. Subjects, in groups of five or six, participated in five 1-hour sessions which featured relaxation exercises designed to reduce anxiety in certain communication situations. An analysis of pretest and post-test scores on the PRCA indicated that students who were involved in SD training were significantly less anxious and more relaxed than those who were eligible for the program, but did not participate. (Materials include PRCA test forms and specific suggestions for setting up an inexpensive SD laboratory.) (JM)

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IMPLEMENTING A SYSTEMATIC DESENSITIZATION LABORATORY

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Systematic desensitization (SD) is a relatively new therapy technique for reducing anxiety. Developed by Wolpe in the early 1950s, researchers like Paul, McCroskey and Barrick, and others have successfully applied SD techniques on speech anxiety.

At Michigan State, SD has grown to the point where it is beyond the experimental stage.* A full scale, low cost, SD laboratory is now in operation. The lab is a continual part of our basic course. All basic course students are screened for speech anxiety, and those who are highly anxious are invited to join the program.

Unlike other expensive psychotherapy treatments, SD as developed at MSU is inexpensive. The program is free to students. The administration costs are minimized by using communication majors as trainers. These majors are trained by the director of the lab for five weeks and given course credits for administering the treatments to the volunteer subjects. Expensive overstuffed recliners are no longer used. Instead, chaise lounge type recliners costing about $9.00 each have been found to be as satisfactory for relaxation purposes.

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* Credit for starting the program at MSU must go to James C. McCroskey who develop ed many of the procedures we use today.

This paper will give a brief overview of how the SD lab is implemented at MSU, with the goal of stimulating other schools to adopt such a program.

Pretesting. At the beginning of each term a PRCA (see appendix) test is administered by the instructors of our basic course, and the results are analyzed to discover those students who score high enough to be invited to a demonstration of the SD process. Since most of us do not have the facilities to include all basic course students in the program, some decision has to be made about the cut-off point in the pretest distribution. The pretest mean is typically around 60 (range: 20-100). If those who score above 70 are invited about 16% of the students taking the test will be included. A cut-off point of 60 means that about half the subjects will be included. So the cut-off point should be between 60 and 70, depending upon how many 5-6 student groups you can run with the available number of trainers.

Training Trainers. Since the trainers are unpaid majors taking special study credits, the training is run like any classroom situation with regularly scheduled meetings. The training is two-fold: training in theory and training in method. At MSU, the director meets with his trainers-to-be twice a week for 1-2 hours a meeting.

One meeting a week is devoted to theoretic discussion while the other is devoted to practice in administering the treatments. This training period lasts approximately five weeks.

The theoretic training involves reading and discussion of the following materials:

1. Schaefer, H. H., and P. L. Martin, Behavior Therapy, New York: McGraw-Hill, 1969, pp. 3-61.

2. Rachman, S., "Systematic Desensitization," Psychological Bulletin, 1967, 67, 93-103.

3. Nichols, Jack, "An Investigation of the Effects of Varied Rates of Training on Systematic Desensitization for Interpersonal Communication Apprehension," an unpublished doctoral dissertation, Michigan State University, 1969.

In discussing the readings all participants are responsible for bringing out the points of the readings, however, the director must be the "expert," particularly in the learning theory models behind the behavior therapies. He should also be up to date in psychotherapy in general. (The reader is directed to an excellent article in Playboy, Nov. 1969, entitled "Alternative in Psychotherapy.")

Two very important points must be made here. The student/trainer must develop an attitude that SD is effective and has sufficient theoretic bases. Secondly, he must be prepared to speak intelligently when subjects ask questions. Thus, the theoretic training is as

important as the practical training.

The practical training involves the actual treatment administration with peer and director criticism. The trainers serve as one another's subjects a. they practice running a group. The director must be sure that all trainers have had the SD experience as a subject. He should, therefore, conduct the first meeting by administering the treatment to his trainers. This will allow the trainers to be more empathetic with what their subjects will be experiencing. After the third or fourth session with the trainers, the director need not be present at the practice meetings; by this point they are usually qualified to peer train each other.

The major concerns of the practice training are two: the voice and the eyes. The trainers must develop a slow, monotonous voice that permits the subjects to remain relaxed after the tape recording is turned off. Secondly, they must develop skill in scanning the subjects to observe any anxiety reactions and be able to detect them immediately. The other things they learn are essentially mechanical aspects of running a groups, i. e., arranging the chairs, using the worksheet, etc.

Demonstrations. Once it has been determined who is eligible to join the program, the instructors are told which students are to remain after class on a given day so

they can be invited to a demonstration of the SD process. The demonstration is given twice on two consecutive nights. At the demonstration the nature of the program is explained, the relaxation tape is played for about 10-15 minutes, questions from the students are fielded, and applications to join are distributed. Since attendance at the treatment sessions can be a problem, it is important at this demonstration meeting to emphasize that although the program is free and voluntary, it <u>requires</u> attendance to <u>all</u> five treatment sessions. (To help each subject remember his committment, our trainers call each of their subjects every week.)

<u>Administering the Treatments</u>. Once groups of 5-6 are formed they are contacted by their trainers and they meet in the lab room. The room used at MSU is simply a classroom where the chaise lounge recliners are stored. The groups meet one hour a week, usually an hour between 5-9 p.m. on a weeknight. The relaxation tape, which is played at the beginning of every session, guides the subject through muscle exercizes and is accompanied by background music. Once the tape is completed (about 30 mins.) the trainer takes over and orally suggests certain communication situations that the subjects are to imagine (see hierarchy in appendix). With a hierarchy and a worksheet, the trainer follows a predetermined sequence until

he has completed all the items in the hierarchy. This takes about five sessions.

Posttesting. At the last week of the term, the PRCA test is readministered and the data are analyzed in a matched-pairs design, with subjects matched on pretest scores. Pairs are constructed so that one of the pair is in the SD program and the other is one who is not in the program. By comparing the treated subjects to their matched untreated counterparts, we are able to evaluate our success each term.

The success of the program at MSU is evident from the latest results of an analysis of variance. It demonstrated that those who were in the SD program were significantly less anxious and more relaxed than those who decided not to join ($F=6.12$, $p. <.05$).

Results like these, along with the low cost of administering the treatment, provide further encouragement for continuing such a program.

Appendix A

Communication Apprehension Hierarchy

I WANT YOU TO IMAGINE THAT:

1. You are talking with a friend.
2. You are trying to make a point at a bull session and you notice that everyone is looking at you.
3. You have been assigned to give a presentation in a panel discussion.
4. Your instructor tells you to report on an assigned article before the class.
5. You are next to speak, and the person speaking now is making a fool of himself.
6. A potential employer calls you in for an interview.
7. Each member of a panel discussion has given his opinion and it is your turn.
8. You have returned to your high school for a brief visit, and the principal asks you to talk about MSU to a class of students.
9. It is the night before an important speech and you are practicing your presentation.
10. Your instructor has asked you to speak to 15 staff members at a meeting.
11. You are about to give your next speech, and a substitute instructor walks in the door.
12. You are about to speak before an unfamiliar audience.
13. Your instructor has just called on you to give an impromptu speech.
14. You are getting up to give a speech an a topic that the previous speaker just covered thoroughly.
15. You are about to give your speech and the instructor tells you that you cannot use your notes.

PRCA - Form 168

This instrument is composed of 20 statements regarding feelings about communicating with other people.

Indicate the degree to which the statements apply to you by marking whether you (1) strongly agree, (2) agree, (3) are undecided, (4) disagree, or (5) strongly disagree with each statement. Work quickly, just record your first impression.

Do <u>not</u> mark on this page. Please use the answer sheet provided.

1.	I look forward to an opportunity to speak in public.	1 2 3 4 5 SA A U D SD
2.	My hands tremble when I try to handle objects on the platform.	SA A U D SD
3.	I dislike to use by body and voice expressively.	SA A U D SD
4.	My thoughts become confused and jumbled when I speak before an audience.	SA A U D SD
5.	I have no fear of facing an audience.	SA A U D SD
6.	Although I am nervous just before getting up, I soon forget my fears and enjoy the experience.	SA A U D SD
7.	I face the prospect of making a speech with complete confidence.	SA A U D SD
8.	Although I talk fluently with friends I am at a loss for words on the platform.	SA A U D SD
9.	I feel relaxed and comfortable while speaking.	SA A U D SD
10.	I always avoid speaking in public if possible.	SA A U D SD
11.	I enjoy preparing a talk.	SA A U D SD
12.	My posture feels strained and unnatural.	SA A U D SD

		1 2 3 4 5
13.	I am fearful and tense all the while I am speaking before a group of people.	SA A U D SD
14.	I find the prospect of speaking mildly pleasant.	SA A U D SD
15.	I look forward to expressing my opinion at meetings.	SA A U D SD
16.	While participating in a conversation with a new acquaintance I feel very nervous.	SA A U D SD
17.	Conversing with people who hold positions of authority causes me to be fearful and tense.	SA A U D SD
18.	I would enjoy presenting a speech on a local television show.	SA A U D SD
19.	I feel that I am more fluent when talking to people than most other people are.	SA A U D SD
20.	I am tense and nervous while participating in group discussions.	SA A U D SD